LIBERTYVILLE SCHOOL DISTRICT #70

BOARD MEMBER EXPENSE REIMBURSEMENT REQUEST FORM

Make a copy of this form to fill out and save to your Google Drive: file > make a copy

Please type form, sign and staple supporting documentation.

Submit to the Supeirntendent, who will include this request in the monthly list of bills presented to the School Board.

Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements.

Travel from 1/1/23-12/31/23 = $0.655 per mile   Travel from 1/1/24-current = $0.67 per mile

Name: Steve Sticklen	Title/Office: Board Member
Name of conference/meeting: 2025 Joint Annual Conference	
Date(s) of conference/meeting: November 21-23, 2025	Location: Chicago, IL
Travel Departure Date: 11/21/2025	Travel Return Date: 11.23/2025

☑ Receipts Attached

☐ Approved Expense Advancement Voucher attached, if applicable

ACTUAL EXPENSES

Auto Travel Allowance: $0.670   per mile

DATE	MILEAGE		LODGING	MEALS			OTHER		DAILY TOTAL
	# OF MILES	AUTO FILLED AMOUNT		BREAKFAST	LUNCH	DINNER	ITEM	COST	
06/03/25							Registratio	$ 562.20	$ 562.20
11/21/25		$ -	$ 282.91		$ 34.85		Train	$ 13.50	$ 331.26
11/22/25		$ -	$ 282.91	$ 36.88					$ 319.79
11/23/25		$ -		$ 35.85					$ 35.85
									$ -
		$ -							$ -
		$ -							$ -
		$ -							$ -
								Subtotal	$ 1,249.10
								- Advances	$1,128.02
						Reimburseable Amount *(negative amount inidicates refund due from employee)*			$121.08

Steve Sticklen   11/15.2025
Submitting Board Member's Signature   **Date**

_____   _____
Superintendent Signature *(if total is below maximum allowable amount)*   **Date**

School Board Action *(if total exceeds maximum allowable amount)*

☐ **Approved in full**   ☐ **Approved in Part**   ☐ **Denied**

Board Expense Reimbursement Request Form   *Updated 1/8/24*